

GBS - Guillain-Barre Syndrome

GBS-C COMPLICATIONS

OUTCOME: The patient/family will understand the effects and consequences possible as a result of Guillain-Barre Syndrome and will understand that fully participating in the plan of care may help prevent these complications.

STANDARDS:

1. Explain that because of decreased inspiratory and expiratory capacities, coughing may become ineffective and the airway compromised, leading to hypoxia, atelectasis, pneumonia, and aspiration.
2. Explain that aspiration may also be the direct result of weakness of the laryngeal and glottic musculature, and that airway obstruction may occur as a result of tongue and retropharyngeal weakness.
3. Emphasize that changes in speech, tongue protrusion and swallowing problems are signs of impending respiratory dysfunction and should trigger an immediate visit to the healthcare provider.
4. Explain that another serious complication that can be treated with medications is cardiac rhythm disturbances.
5. Explain that other complications that are less serious, but still require treatment may be abnormal blood pressure, urinary retention, gastrointestinal dysfunction, and fluid and electrolyte abnormalities.
6. Explain that common complications of paralysis such as pressure sores and contractures may be minimized or eliminated by careful attention to skin care, positioning and passive exercise.

GBS-DP DISEASE PROCESS

OUTCOME: The patient/family will have a basic understanding of the pathophysiology, symptoms and prognosis of Guillain-Barre Syndrome.

STANDARDS:

1. Explain to the patient that Guillain-Barre Syndrome is an inflammatory disease with widespread involvement of the peripheral and cranial nerves. It usually affects young adults and persons in their 50s. There is a higher incidence in men and Caucasians. The cause of the syndrome is unknown, but many persons with this syndrome experience a mild respiratory or gastrointestinal infection 1 to 3 weeks before the onset of the neuritic signs and symptoms. Viral infections may function as a trigger to set off the autoimmune response to damage the peripheral nerves.

2. Explain that weakness usually begins in the distal muscles of the limbs, develops bilaterally over a period of a few days and ascends to the trunk, arms, and cranial muscles producing total motor paralysis within a few days (10 to 14 days.) This paralysis may involve the muscles of respiration and facial muscles so that the patient cannot breathe, chew, swallow, talk or open the eyes. Sensory symptoms may or may not be present.
3. Explain that muscle atrophy does not occur and the paralysis is usually temporary.
4. Explain that there is *usually* no pain, but tingling, burning, aching or cramping pain may occur.
5. Emphasize that recovery is usually total over time, but that convalescence may be lengthy and that recovery may continue from 3 months to 2 years.
6. Explain that there is a risk of recurrence. Persons who have experienced one episode of Guillain-Barre Syndrome are at higher risk of another episode over the general population.

GBS-EQ EQUIPMENT

OUTCOME: The patient/family will have an understanding and demonstrate (when appropriate) the proper use and care of equipment.

STANDARDS:

1. Discuss the indications for and benefits of the prescribed medical equipment.
2. Discuss types and features of the medical equipment, as appropriate.
3. Discuss and/or demonstrate the proper use, care, and cleaning of medical equipment, as appropriate.
4. Participate in a return demonstration by the patient/family, as needed.
5. Discuss signs of equipment malfunction and proper action in case of malfunction, as appropriate.
6. For inpatients, explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.
7. Emphasize the importance of not tampering with any medical device.

GBS-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up and make plans to keep follow-up appointments and return immediately for signs of complications.

STANDARDS:

1. Stress the importance of keeping follow-up appointments and continuing the prescribed therapy even after the condition improves.
2. Discuss the procedure for obtaining follow-up appointments.

3. Emphasize the importance of keeping follow-up appointments.
4. Emphasize that changes in speech, tongue protrusion and swallowing problems are signs of impending respiratory dysfunction and should trigger an *immediate* visit to the healthcare provider or emergency facility.

GBS-L LITERATURE

OUTCOME: The patient/family will receive literature about Guillain-Barre Syndrome.

STANDARDS:

1. Provide the patient/family with literature regarding Guillain-Barre Syndrome.
2. Discuss the content of the literature.

GBS-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will strive to make the lifestyle adaptations necessary to prevent complications of Guillain-Barre Syndrome and to improve mental and physical health.

STANDARDS:

1. Teach the patient to check the patient's feet daily for injuries. Minor injuries may go unnoticed because of sensory impairment.
2. Stress that over fatigue which decreases accuracy of motor coordination should be avoided.
3. Explain that career counseling may be needed if recovery of neurologic function is prolonged.
4. Encourage the patient/family to contact the Guillain-Barre Syndrome Support Group, International, P.O. Box 262, Wynnewood, PA 19096 for more information, newsletters, and a list of chapters.

GBS-M MEDICATIONS

OUTCOME: The patient/family will understand the goal of drug therapy and be able to demonstrate and explain the use of the prescribed regimen.

STANDARDS:

1. Explain that the use of IV immunoglobulin has been found to reduce the clinical symptoms of Guillain-Barre Syndrome.
2. Explain that analgesics and muscle relaxants may be used for joint and muscle pain and muscle spasms.
3. Discuss the proper use, benefits, common side effects, and common interactions of the prescribed medications. Review the signs of possible toxicity and appropriate follow-up as indicated.

4. Emphasize the importance of fully participating in the medication regimen.
5. Emphasize the importance of consulting with a healthcare provider prior to initiating any new medications, including over-the-counter medications.
6. Emphasize the importance of providing a list of all current medications, including non-prescription or traditional remedies, to the provider.

GBS-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient and family will have an understanding of the specific nutritional intervention(s) needed for treatment or management of this condition, illness, or injury.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
 - a. Assessment of the nutrition related condition.
 - b. Identification of the patient's nutritional problem.
 - c. Identification of a specific nutrition intervention therapy plan.
 - d. Evaluation of the patient's nutritional care outcomes.
 - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

GBS-N NUTRITION

OUTCOME: The patient/family will understand the importance of maintaining or improving optimal nutritional status.

STANDARDS:

1. Explain that preventing or correcting weight loss that results in malnutrition is necessary to maintain optimal body function.
2. Explain that food textures may be modified as needed secondary to chewing or swallowing limitations (dysphagia).
3. Explain that it may be necessary to use oral supplements to meet energy needs. The use of vitamin/mineral supplements may be necessary.
4. As indicated, explain that nutrition may need to be maintained utilizing a feeding tube or parenteral nutrition during the most acute phases of illness.

GBS-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed including the indications and impact on further care.

STANDARDS:

1. Explain that a spinal tap may be indicated to test for protein, which is usually elevated with Guillain-Barre Syndrome.
2. Explain that nerve conduction studies may be performed. Slowing of conduction velocity in peripheral nerves is present with Guillain-Barre Syndrome and may be used to monitor the course of the disease.
3. Explain that periodic pulmonary function studies may be done to screen for respiratory compromise so special care can be implemented in a timely manner.
4. Explain the benefits and risks of the test to be performed and how it relates to the course of treatment.

GBS-TX TREATMENT

OUTCOME: The patient/family will understand the possible treatments that may be available for Guillain-Barre Syndrome.

STANDARDS:

1. Explain that plasmapheresis produces temporary reduction in the circulating antibodies and sometimes an improvement in symptoms. Usually five exchanges are done within the first two weeks of symptoms for optimal results.
2. Explain that the treatment plan for Guillain-Barre Syndrome includes close monitoring of respiratory status and may include intubation and mechanical ventilation if the airway or respiratory status are compromised.
3. Explain that during the most acute phase, if indicated, cardiac monitoring will occur and dysrhythmias will be treated.
4. Explain that other treatment is supportive to prevent complications of immobility.
5. Emphasize that extensive rehabilitation is usually necessary for a full recovery.